

STATE OF CALIFORNIA  
**TRAVEL EXPENSE CLAIM**  
 STD 262 (REV 6/93)

See Instructions and \*Privacy  
 Statement on Reverse Side

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CLAIMANT'S NAME <b>Phyllis W. Cheng</b>			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT <b>DFEH</b>		
POSITION <b>Director</b>		CB/ID NUMBER <b>Exempt</b>		DIVISION OR BUREAU <b>Executive</b>			INDEX NUMBER	
RESIDENCE				2218 Kausen Drive				916-478-7250
CITY		STATE		ZIP CODE		CITY		STATE
		5		Elk Grove		CA		95758

(1)MONTH/YEAR		(3)  LOCATION  WHERE EXPENSES WERE INCURRED	(4)  LODGING	(5) MEALS			(6)  INCIDENTALS	(7) TRANSPORTATION				(8)  BUS NESS EXPENSE	(9)  TOTAL EXPENSES FOR DAY	
April 2009 (2)  DATE TIME				BREAK-FAST	LUNCH	O.T., L/T N/C RELO OR DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS, PARK NG	(D) PRIVATE CAR USE			
											MILES			AMOUNT
04/03	1705	Sacramento/Burbank						A						
04/04		Pasadena						PC	4.00	32	17.77	21.77		
04/13		Los Angeles						PC						
04/14		Riverside						PC						
04/15	0820	Burbank/Sacramento						A						
04/16		Sacramento						SC	2.50			2.50		
04/16	1700	Elk Grove/SF						SC						
04/17		SF/Oakland				6.00		SC				6.00		
04/17		Oakland/Burbank						A						
04/20		Los Angeles						PC		26	14.25	14.25		
04/21	0820	Burbank/Sacramento						A						
(10)	SUBTOTALS						6.00			6.50	58	32.01	44.51	

COLUMN CODE (ACCTG USE ONLY)

CLAIM TOTAL

\$ 44.51

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (attach receipts/vouchers when required)

**All airfare paid by employee at her private expense.**

4/4/09: Speaker, CA Association of Black Lawyers Conf. re: FEHA 50th, Pasadena.

4/6/09-4/10/09: Employee on vacation.

4/13/09: Meetings with Los Angeles District Office Deputy Director and Administrators, L.A.

4/14/09: Speaker, Inland Fair Housing Mediation Board re: FEHA 50th, Rancho Cucamonga.

4/16/09: Attended monthly Director's meeting at SCSA, Sacramento.

4/16/09 - 4/17/09: Presenter at State Bar Fair Housing Symposium, San Francisco.

4/20/09: Equal Rights 101 presentation, N. Hollywood High School, N. Hollywood.

(12) NORMAL WORK HOURS

0800-1700

(13) PRIVATE VEHICLE LICENSE NBR.

6ATW241

(14) MILEAGE RATE CLAIMED

.55

AGENCY ACCOUNTING OFFICE  
 USE ONLY

PAID BY REVOLVING FUND CHECK NBR.

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE



DATE

5/14/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT



DATE

5/21/2009

(17.) SPECIAL EXPENSE AUTHORIZATION-SIGNATURE and TITLE (See Item 17 on reverse)



DATE